

EXHIBIT
Report of
Dr. Walter
Hofman

01 August 2014

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Original by US Mail

Re: BARBARA J. WINGARD, ADMINX. OF ESTATE OF TROY HOOFTALLEN v
PENNSYLVANIA STATE POLICE, ET AL.
Your Case No.: USDC, Western District of PA, #12-1500

Dear Mr. Donahoe:

Receipt is herewith acknowledged of your letters dated 1-2 and 8 July 2014 with enclosures. Namely,

1. Medical records pertaining to Troy Robert Lee Hooftallen (TRLH), deceased, emanating from Punxsutawney Area Hospital (PAH), Punxsutawney, PA 15767 dated 3-7 September 2010;
2. Medical records pertaining to (TRLH), deceased, emanating from Dubois Regional Medical Center (DRMC), PA 15801-0447 dated 07-10 September 2010;
3. Medical records pertaining to TRLH emanating from PAH 19 October 2010;
4. Medical records pertaining to TRLH emanating from Allegheny General Hospital (AGH). Pittsburgh, PA 1522 dated 19 October 2010;
5. Report of Postmortem Examination (10COR068620) pertaining to TRLH, emanating from the Allegheny County Medical Examiner (ACME), Pittsburgh, PA 15222, including a CD with 65 color photographs, completed after 14 February 2011;
6. Medical records pertaining to TRLH emanating from the office of Martin Chambers, MD, Punxsutawney, PA 15767 dated 24 Aug 2006-;
7. Report of Pennsylvania State Police (PSP), Bureau of Integrity and Professional Standards, Internal Affairs Division (IAD), General Investigation Report Control Number 2010-0738 pertaining to subjects Troopers Guy A. Battestilli and Steven E. Johnson dated 19 May 2011;

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8. Affidavit of Kimberly Hall dated 4 June 2011;
9. Affidavit of Tim E. Hooftallen dated 2 June 2011;
10. Affidavit of Barbara J. Wingard dated 2 June 2011;
11. Written expert opinion authored by board-certified forensic pathologist Cyril H. Wecht, M.D., J.D., Pittsburgh, PA 15222 dated 15 November 2012;
12. Allegations filed in USDC, Western District of PA by plaintiff/administratrix Wingard dated 11 February 2013;
13. Written expert opinion authored by Cliff Jobe, Cliff Jobe Consulting, LLC., Greensburg, PA 15601 dated 26 June 2014;
14. Written transcription of oral deposition of Barbara J. Wingard taken December 5, 2013;
15. Written transcription of oral deposition of Guy Battestilli taken May 5, 2014;
16. Written transcription of oral deposition of Kimberly Hall taken May 5, 2014; and
17. Written transcription of oral deposition of Steven Johnson taken May 5, 2014;

FACTS: TRLH, a then 36 year old Caucasian male (DOB: 06 July 1974) was hospitalized at PAH in early September 2010 following the ingestion of TylenolPM® in a suicidal gesture. He had a history of Mucinex DM® abuse as well as ulcerative colitis. After treatment at PAH, he was transferred to the psychiatric inpatient service of DRMC.

On 18 October 2010 at 2322 EDT, his brother Tim (Timmy) Hooftallen called emergency services (911) because TRLH was “going crazy and Tim wished that an ambulance or the police come to the residence and take him (TRLH) away.” Further, Tim advised that “TRLH was going to be violent and he was having psychological issues.” In addition, Timmy stated “TRLH had taken pills to get high and he might be overdosing and was pounding his fist and he was ready to fight” (see transcript of 911 conversation for details).

PSP Troopers Battestilli and Johnson arrived at the residence at 2337 hrs EDT and entered the residence after speaking with Tim. Batestilli introduced himself to TRLH and inquired “what was going on?” Over the next 14 minutes, an incident occurred resulting in TRLH “taking a punch” at one of the officers, the officers attempting to handcuff TRLH, tussling him into a loveseat, “Tasering” TRLH four (4) times in an

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attempt to handcuff and shackle him. Both Trooper Johnson and TRLH struck their heads and subsequently TRLH became unconscious, without respiration or heart beat. Then, paramedics, from a nearby staging area, came to the residence and provided CPR. He was taken to PAH emergency services and then transferred to AGH by ambulance (bad weather prevented a life flight). He was subsequently declared "brain dead" and died that day, 19 October 2010, 1747 hrs. He became an organ donor and his heart, liver and corneae were removed by the organ procurement organization, Center for Organ Recovery and Education (C.O.R.E.).

REVIEW OF AUTOPSY: The salient features of the autopsy performed by Todd Luckasevic, D.O., Associate Medical Examiner at ACME on 21 October 2010 were:

1. Atherosclerotic cardiovascular disease with focal, severe 70% narrowing of the left anterior descending coronary artery;
2. Dysplastic A-V nodule artery, moderate with focal acute myocardial ischemia;
3. Dysplastic intra-myocardial artery;
4. Multiple contusions and abrasions of the upper and lower extremities;
5. Contusions of the upper and lower back and right posterior upper thigh;
6. Severe acute global hypoxic ischemic encephalopathy of the brain; cerebral edema with cerebellar tonsillar herniation; partial pituitary gland infarction; and
7. Toxicology: Urine positive for THC (PAH)–over 50 ng/ml
 Blood Dextromethorphan: 849 ng/mL (AGH blood)
 Blood Guaifenesin: 12 mcg/ml (AGH blood).
8. The heart and brain were examined by outside consultants.

OPINIONS:

- The primary cause of death of TRLH is arteriosclerotic cardiovascular disease due to 70% narrowing of the left anterior coronary artery along with dysplasia of the A-V nodule artery.
- Contributing significantly to his death was his agitated–excited state due to the very high levels of dextromethorphan and guaifenesin (Mucinex DM) in his pre-mortem hospital (AGH) peripheral blood. It is my further opinion that the levels of dextromethorphan were even higher at the time of the incident.
- The agitated state is a form of the EXCITED DELIRIUM SYNDROME that occurs as the end result of ingestion of many intoxicants or stimulant substances as in this instance, dextromethorphan and guaifenesin.

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- Pre-hospital providers and other first responders are at an inherent risk for assault from patients experiencing Excited Delirium.
- There is postmortem documentation of contusions (bruises) and abrasions (scrapes) of the upper and lower extremities indicative of the described physical confrontation with police and application of handcuffs and shackles.
- There is postmortem documentation of contusions of the upper and lower back and right posterior thigh indicative of physical restraint by police.
- Handcuffs were changed from back to front at the request of the paramedics.
- There are patterns on the back consistent with Taser effect.
- There is no documentation of anterior trunk, especially precordial Taser effect.
- The brain changes are secondary to the lack of oxygen toward the end of the struggle and are not primary causes of death.
- There is no postmortem documentation of either external or internal neck compression.
- There is no documentation of internal respiratory restriction with petechiae.
- There are multiple discrepancies in the sworn statements and depositions rendered between police and the plaintiff as to the description of the incident.

Thank you for referring this interesting case to me. The above stated opinions are based on the materials submitted and reviewed and are to a reasonable degree of medical certainty. If additional information is forthcoming that significantly impacts on this matter, my opinions may change. I am prepared to testify to the above-stated opinions.

Very truly yours,

WALTER I. HOFMAN, M.D.
Board-certified Forensic Pathologist

WIH:s